Ohio Campaign Finance Report

05 OCT 27 AM 10: 2

Prescribed by Secretary of State 3/05

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Full Name of Committee						Registra	tion Numl	ber, if PA	√d™ Ö	A ET ET
Glaeden for Judg	e					<u> </u>				
Full Name of Candidate										
Carrie E. Glaeder	ì					******				
Street Address			•	Office Sought F				District		
100 South Third S	treet			Municipa	l Cour	t, Un	expire	d Ter	m Endi	ing 1/104
City					S	tate	Zip Code	e		
Columbus					0	H_	432	15		
Type of Report	Pre-Primary	Post-Primary	X	-General		Post-Ge	neral		Annual Y	Year
				otember	-	T OST-GO	norui		Semiann	ual
(place X to flie left of report type)	July Monthly	August Monthly		onthly		Termina	ntion		Semain	uai
Amended Report?	Report Elect	ronically filed?				M]	D		Y
☐ Yes ☑ N	lo 🗌	Yes 🗹 No	Date of Elec	tion .	1	1	0	8	0	5
							-	·		

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$ 8,466.50
2. Total monetary contributions (From Form No. 31-A)	\$ 3,150.00
3. Total other income (From Form No. 31-A-2)	\$ 0.00
4. Total funds available (sum of lines 1, 2, 3)	\$ 11,616.50
5. Total monetary expenditures (From Form No. 31-B)	\$ 1,028.05
6. Balance on hand (line 4 minus line 5)	\$ 10,588.45
7. Value of in-kind contributions received (From Form No. 31-7-1)	\$ 0.00
8. Value of in-kind contributions made (From Form No. 31-1-2)	\$ 0.00
9. Outstanding loans owed by committee (From Form No. 31-C).	\$ 4,000.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$ 0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$ 0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$ 0.00
13. For Electronic Filing Entities only. Sum of lines 2.7 and amount of any new loans received this period	-√\$ 38

THE INFORMATION CONTAINED IN THIS COMMITS ELECTION FALSIFICATION IS Kurtis A. Tunnell, Treasur	GUILTY OF A FELONY OF	THE PENALTY OF ELECTION FALSIFICATION. WH	ioever
Print Name and Title (Treasurer and Deputy Treas		nature ////////////////////////////////////	- Date
Contribution	Expenditure	// Other	Total
pages 2	pages 2	pages	pages 6

Page	2
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Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full							
Glaeden for Judge							
Full Name of Contributor	. "		Registra	tion Num	ber, if PA	.C	
Andrew P. Avellano *							
Street Address	Employer/Occup	ation/Labor Organization				Form (Cash, C	heck, etc.)
1450 Broadview Avenue, Apt. 6	Attorne	у				Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	OH	43212	0 6	1 6	0 5		50.00
Full Name of Contributor			Registra	tion Num	ber, if PA	.C	
Contributions from Form 31-E							
Street Address	Employer/Occup	ation/Labor Organization				Form (Cash, C	heck, etc.)
City	State	Zip Code	M	D	Y	Amount	
			0 7	1 3	0 5		1,200.00
Full Name of Contributor					ber, if PA	С	
Jeffrey G. Thompson Co. LPA							
Street Address	Employer/Occup	ation/Labor Organization		-		Form (Cash, C	heck, etc.)
601 S. High Street		·				Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	OH	43215	0 8	3 1	0 5		300.00
Full Name of Contributor	1 0 11	1 10 11 10 11			ber, if PA	C	300.00
Audrey K. Redmon			ľ		·		
Street Address	Employer/Occup	ation/Labor Organization				Form (Cash, C	heck, etc.)
4987 Sharon Hill Drive						Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	O H	43235	1 .	3 0	1	Linduit	100.00
Full Name of Contributor		40200			ber, if PA		100.00
Ohio & Vicinity Regional Council Sout	th Control (Office DAC Fund	•	416	oci, ii i A	C	
Street Address		ation/Labor Organization	LA	410		Form (Cash, C	hack etc.)
	Employer/Occup.	allow Labor Organization					neek, etc.)
1394 Courtright Road	State	Zip Code	М	D	Y	Check Amount	
Columbus	1 .	43227		1 .	1	Allough	250.00
Full Name of Contributor	O H	4322/		3 0	0 5 ber, if PA		250.00
				E1028		·	
Carpenters Local Union #200	Ir1/0	-ti (I al a- Oi-atian	rc	EIUZC	00	Form (Cash, C	hade etal
Street Address	Employer/Occup	ation/Labor Organization					neck, etc.)
1545 Alum Creek Drive		In: o i	T	1 5		Check	
City	State	Zip Code	M	D	Υ	Amount	050.00
Columbus	ОН	43209			0 5		250.00
Full Name of Contributor	1	T((() !.			ber, if PA	C	
Vorys Sater Seymour and Pease LLP A			OF.	I108			
Street Address	Employer/Occupa	ation/Labor Organization				Form (Cash, C	heck, etc.)
52 E. Gay Street					,	Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	OH	43215	1 0	0 3	0 5		1,000.00
Full Name of Contributor			Registra	tion Num	ber, if PA	с	
			<u> </u>				
Street Address	Employer/Occupa	ation/Labor Organization				Form (Cash, C	heck, etc.)
City	State	Zip Code	М	D	Y	Amount	
* Required for contributions over \$100 to statewide and general assembly	candidates If con	ributor is salf amployed accura	tion rathe	r than em	alover cho	uld be listed	····

Page Total \$ 3,150.00

^{*} Required for contributions over \$100 to statewide and general assembly candidates. It contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. R.C. 3517.10(B)(4)

^{*} Franklin County Court Appointee

Page	3

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full								
Glaeden for Judge To Whom Paid				1 1/	1 5	1 17	1.	
Capitol Square Printing				$0 \mid 6$	$\begin{vmatrix} \mathbf{D} \\ 1 \end{vmatrix}$	$\begin{bmatrix} \mathbf{Y} \\ 0 \end{bmatrix}$	Amount	707.75
Address	Purpos	<u></u> е		10 0	1.1	O O O I V	71	707.75
59 E. Gay Street	1 .		ad, envelopes, noteca	ards				
City		tate	Zip Code		Number	,		
Columbus	0	H	43215	1	105	8		
To Whom Paid		•	<u> </u>	М	D	Y	Amount	
Expenditures from Form 31-F				0 7	11	3 0 3	5	120.30
Address	Purpose	е						
City	S	tate	Zip Code	Check	Number	•		
77 AVI	<u> </u>		<u> </u>					
To Whom Paid				M	D	Y	Amount	400.00
Franklin County Republican Party Address	Purpose			0 9	1	2 0 5	<u> </u>	100.00
14 E. Gay Street	-		tion for 0/12/05 Exe	f				
City		tate	ution for 9/13/05 Eve Zip Code		Number		_	
Columbus	lo	H	43215	CHECK	106			
To Whom Paid		1 11	10210	М	D	ΙΥ	Amount	<u> </u>
Committee to Elect Isabella Thomas for	r Indo	re (Ct	neck Outstanding)	0 9	1 .	2 0 5	4	100.00
Address	Purpose		icen o distantants)	1012	1.1.	41015		100.00
865 Macon Alley	Co	ntribu	ation for 9/12/05 Eve	ent				
City		tate	Zip Code		Number			
Columbus	0	H	43206	1	106	1		
To Whom Paid				M	D	Y	Amount	
Address	Purpose	;		1			<u> </u>	
City	S	tate	Zip Code	Check 1	Number			
To Whom Paid				M	D	Y	Amount	
Address	Purpose	:		<u> </u>		1	1	
	1							
City	Sı	tate	Zip Code	Check 1	Vumber			
	1	1						
To Whom Paid				М	D	Y	Amount	
Address	Purpose							
-								
City	St	ate	Zip Code	Check N	Jumber			
To Whom Paid	<u> </u>				T 5			
10 whom raid				M	D	Y	Amount	
Address	Purpose						1	
* *************************************	i ur pose							
City	St	ate	Zip Code	Check N	lumber			
	1				·			
				<u> </u>				

Page Total \$ 1.028.05



Event Date	7/13/2005
Page	4

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Fall Name of Countbuter Sean H. Maxfield Stores Address Stores Address Stores Address 107 W. Johnstown Road Stores Address Stor	Name of Committee in Full				
Sean H. Maxfield Super Address Employer/Occupation/Labor Organization* M D Y Amount 100.00	Glaeden for Judge				
Size of Address Employer Occupation Labor Organization* M D Y Amount				Registration Number, if PAC	
Super State Super Supe					
State Zap Code Check Registration Number, if PAC Registration Number, if PAC Check		Employer/Occupation/Labor (Organization*		100.00
Columbus					100.00
Figuration of Contributor Raymond J. Mularski Size Addition 107 W. Johnstown Road State Cap Code Cap Code Cap Code State Cap Code C	,		40006		
Raymond J. Mularski Street Address Employer/Occupation/Labor Organization* M D Y Amount 100.00		UH	43206		
Employer/Occupation/Labor Organization* M D Y Amount				Registration Number, if PAC	
107 W. Johnstown Road		E	Dennieus s	M I D I V Amount	
State Zip Code Form(Cach, Check, ctc)		Employer/Occupation/Labor C	лданізацон		100.00
Gaharna O H 43230 Check Full Name of Contributor Ohio & Vicinity Regional Council of Carpenters Political Office PAC LA358 Storet Address Storet Address City Columbus O H 43215 State City State City Columbus O H 43215 State City Columbus O H 43215 State City Columbus O H 43215 City Columbus O H 7 7 7 7 7 7 Amount O 8 0 1 0 5 Columbus O H 7 7 7 7 7 Amount O 8 0 2 0 5 Columbus City Columbus O H 43203 City Columbus		State Tin Code			100.00
Full Name of Contributor Ohio & Vicinity Regional Council of Carpenters Political Office PAC Chio & Vicinity Regional Council of Carpenters Political Office PAC Cha58 State Employer/Occupation/Labor Organization* M D Y Annount O H 43215 Check Full Name of Contributor Store Address Employer/Occupation/Labor Organization* M D Y Annount O H 43215 Check Full Name of Contributor State Zip Code Form(Cask, Check, etc) Columbus O H 43215 Check Full Name of Contributor State Zip Code Form(Cask, Check, etc) Columbus O H 43215 Check Full Name of Contributor State Zip Code Form(Cask, Check, etc) Columbus O H 43215 Check Full Name of Contributor Larry W. Thomas Full Name of Contributor Larry W. Thomas Employer/Occupation/Labor Organization* M D Y Annount O N D Y Annount O N	4 *		4272 0		
Ohio & Vicinity Regional Council of Carpenters Political Office PAC LA358 Storet Address			43230		
Street Address Employer/Occupation/Labor Organization* No		ail of Commontous Political	Office D/	,	1
222 E. Town Street					
Columbus Columbus Columbus Columbus Full Name of Contributor Scott W. Schiff & Associates Co., LPA Employer/Occupation/Labor Organization* Street Address Street Address Tolar of Contributor Scott W. Schiff & Associates Co., LPA Employer/Occupation/Labor Organization* O H State Zip Code Form(Cath, Check, etc.) O H State Zip Code Form(Cath, Check, etc.) O H O J O J O J O J O J O J O J O J O J		Employer/Occupation/Labor C	луашианоп •		500.00
Columbus Full Name of Contributor Scott W. Schiff & Associates Co., LPA Street Address 88 W. Main Street State City State Columbus Full Name of Contributor City State Columbus Full Name of Contributor City State Courmbus Form(Cash, Check, etc) Columbus Form(Cash, Check, etc) Columbus Form(Cash, Check, etc) Columbus Form(Cash, Check, etc) City State City		State Zin Code			
Full Name of Contributor Scott W. Schiff & Associates Co., LPA Street Address Street Address	1 '	1 1 -	12215		\bullet
Scott W. Schiff & Associates Co., LPA Street Address 88 W. Main Street City Columbus New Y. Amount O			43213		
Street Address Employer/Occupation/Labor Organization* M		, TDA		Registration Number, if FAC	
88 W. Main Street City State Columbus O H 43215 Form(Cash, Check, etc) Check Full Name of Contributor Larry W. Thomas Street Address 1058 Mt. Vernon Avenue City State City Code Form(Cash, Check, etc) State City Amount City Amo			Decemination *	M D V Amount	
Columbus State Zip Code Form(Cash, Check, etc)		Employer/Occupation/Labor C	rganization*	1 1 1	250.00
Columbus		State 7:- Call			230.00
Full Name of Contributor Larry W. Thomas Street Address 1058 Mt. Vernon Avenue Employer/Occupation/Labor Organization* O H 43203			4221E		
Larry W. Thomas Street Address Employer/Occupation/Labor Organization*		UH	43213		
Street Address				Registration Number, it PAC	
1058 Mt. Vernon Avenue		<u> </u>		<u> </u>	
Columbus Full Name of Contributor Dennis W. McNamara Street Address 3966 Fairlington Drive City State Columbus Full Name of Contributor Dennis W. McNamara Employer/Occupation/Labor Organization* State Columbus Full Name of Contributor State Columbus Full Name of Contributor Street Address Employer/Occupation/Labor Organization* Registration Number, if PAC Street Address Form(Cash, Check, etc) *Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* Registration Number, if PAC Street Address Form(Cash, Check, etc) *Registration Number, if PAC Street Address Form(Cash, Check, etc) *Registration Number, if PAC Street Address Form(Cash, Check, etc) *Registration Number, if PAC *Registration Number, if PAC		Employer/Occupation/Labor C	rganization*		200.00
Columbus O H 43203 Check Full Name of Contributor Dennis W. McNamara Street Address Employer/Occupation/Labor Organization* M D Y Amount 3966 Fairlington Drive City State Columbus O H 43220 Form(Cash, Check, etc) Columbus Full Name of Contributor Street Address Employer/Occupation/Labor Organization* M D Y Amount City State Zip Code Form(Cash, Check, etc) Check Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* M D Y Amount City State Zip Code Form(Cash, Check, etc) *Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R. C. 3517,10(B)(4)] Fill in the boxes below only on the last page for this event. Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column. Total contributions this event Total contributions this event Total contributions this event					200.00
Full Name of Contributor Dennis W. McNamara Street Address Employer/Occupation/Labor Organization* State Zip Code O H 43220	g -		42202		
Dennis W. McNamara		UH	43203		
Street Address 3966 Fairlington Drive State Columbus Full Name of Contributor State Stat				Registration Number, if PAC	I
3966 Fairlington Drive State Columbus O H 43220 Form(Cash, Check, etc) Check Full Name of Contributor Street Address Employer/Occupation/Labor Organization* M D Y Amount City State Zip Code Form(Cash, Check, etc) Street Address Employer/Occupation/Labor Organization* * Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)] Fill in the boxes below only on the last page for this event. Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column. Total contributions this event Total contributions this event Total contributions this event			· · · · · · · · · · · · •	N D L V A	
City State Columbus Full Name of Contributor Street Address Employer/Occupation/Labor Organization* M D Y Amount City State Zip Code Form(Cash,Check,etc) Street Address Employer/Occupation/Labor Organization* M D Y Amount *Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)] Fill in the boxes below only on the last page for this event. Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column. Total contributions this event Total expenditures this event Page Total \$ 1,200.00		Employer/Occupation/Labor C	rganization*	1 1 1	E0.00
Columbus O H 43220 Check Full Name of Contributor Street Address Employer/Occupation/Labor Organization* M D Y Amount City State Zip Code Form(Cash, Check, etc) * Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)] Fill in the boxes below only on the last page for this event. Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column. Total contributions this event Total contributions this event Page Total \$ 1,200.00					50.00
Full Name of Contributor Registration Number, if PAC	· ·	1 1 1	42220		
Street Address Employer/Occupation/Labor Organization* M D Y Amount		UH	43220		
*Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)] Fill in the boxes below only on the last page for this event. Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column. Total contributions this event Total expenditures this event Page Total \$ 1,200.00	Full Name of Contributor			Registration Number, if PAC	
*Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)] Fill in the boxes below only on the last page for this event. Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column. Total contributions this event Total expenditures this event Page Total \$ 1,200.00					
* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)] Fill in the boxes below only on the last page for this event. Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column. Total contributions this event Total contributions this event Page Total \$ 1,200.00	Street Address	Employer/Occupation/Labor C	rganization*	M D Y Amount	
* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)] Fill in the boxes below only on the last page for this event. Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column. Total contributions this event Total contributions this event Page Total \$ 1,200.00					
should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)] Fill in the boxes below only on the last page for this event. Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column. Total contributions this event Total contributions this event Page Total \$ 1,200.00	City	State Zip Code		Form(Cash,Check,etc)	
should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)] Fill in the boxes below only on the last page for this event. Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column. Total contributions this event Total contributions this event Page Total \$ 1,200.00					
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Fill in the boxes below only on the last page for this event. Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column. Total contributions this event Total expenditures this event Page Total \$ 1,200.00	• •	yroll deduction and exceed the aggregate of	\$100, the labor of	organization of which the employees are	,
Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column. Total contributions this event Total expenditures this event Page Total \$ 1,200.00	members, if any, must appear. [R.C. 3517.10(B)(4)]	- () -			⊕
Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column. Total contributions this event Total expenditures this event Page Total \$ 1,200.00		'			• •
in the date column. Total contributions this event Total expenditures this event Page Total \$ 1,200.00		t A II-des field Norman of Contribution state #6	lantributiana Gar	m form No. 21 E" and list the date of the event	
Total contributions this event Total expenditures this event Page Total \$ 1,200.00		1-A. Oliuci Full Ivalue of Contributor State "C	AMILIOURIORS IFOR	MI TOTH NO. 31-15 and list the date of the event	
Page Total \$ 1,200,00	и не сые сонши.				
Page Total \$ 1,200,00	Total contributions this event	Total expenditures this event			
			7	Page Total \$ 1	200 00
	1,200.00				

Event Date	07/13/05	
Page	5	

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

N. 60 S. F. F.										
Name of Committee in Full										
Glaeden for Judge To Whom Paid					_		,		,,.	
				М		D		Y	Amount	
Club 185	Purpose			0	<u> </u>	1 (31	0 5)	120.30
		D								
185 E. Livingston Avenue	Food/Beverages State Zip Code			IC. I N						
Columbus	ı	H	43215	Check Number 1059						
To Whom Paid		1 1	43213	М		D D	7	Y	A	
							ı	1	Amount	
Address	Purpose				_				<u> </u>	
	l arpose									
City	State		Zip Code	Check	· N	umber				
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To Whom Paid				M	_	D	ī	Y	Amount	
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Address	Purpose								<u>. </u>	
City	State		Zip Code	Check	N	umber			1	
To Whom Paid	1	_	1	М	٦	D	Т	Y	Amount	
				1 1		1	ı	1		
Address	Purpose								<u> </u>	
City	State		Zip Code	Check	N	umber	_			
To Whom Paid				М	٦	D	Т	Y	Amount	
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Address	Purpose								<u> </u>	
	i									
City	State		Zip Code	Check	N	ımber				
To Whom Paid				М	T	D	Τ	Y	Amount	
					-	1	1			
Address	Purpose			-						
City	State		Zip Code	Check	Nu	ımber				
To Whom Paid				M	T	D	Τ	Y	Amount	
							1			
Address	Purpose									
	<u></u>									
City	State		Zip Code	Check	Nu	mber				

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Page Total \$	120.30
Page Total \$	120.30

	,
Page	6

Statement of Loans Received

	Prescribed by Secretary of State3/05		
Full Name of Committee Glaeden for Judge			
From Whom Received		Prior Amount	Amt. Incurred this Period
Carrie E. Glaeden		4,000.00	0.00
Address		1,000.00	Outstanding Balance
5142 Highland Meadows Drive			4,000.00
City State Zip Code O H 43026	Loans Received This Period Date Amount	Payr Date	nents This Period Amount
Date Loan was originally M D Y Incurred 1 0 2 8 0 3	M D Y \$ 0.00	M D Y	0.00
Registration Number, if PAC	M D Y	M D Y	
Employer/Occupation/Labor Organization*	M D Y	M D Y	
From Whom Received		Prior Amount	Amt. Incurred this Period
Address			Outstanding Balance
City State Zip Code	Loans Received This Period Date Amount	Payr Date	nents This Period Amount
Date Loan was originally M D Y Incurred	M D Y S	M D Y	\$
Registration Number, if PAC	M D Y	M D Y	
Employer/Occupation/Labor Organization*	M D Y	M D Y	
From Whom Received		Prior Amount Amt. Incurred this Period	
Address			Outstanding Balance
City State Zip Code	Loans Received This Period Date Amount	Payr Date	nents This Period Amount
Date Loan was originally M D Y Incurred	M D Y \$	M D Y	\$
Registration Number, if PAC	M D Y	M D Y	
Employer/Occupation/Labor Organization*	M D Y	M D Y	
* Required for contributions over \$100 to statewide and general assembly if any, rather than employer should be listed. If two ormore employees do the employees are members, if any, must appear. R.C. 3517.10(B)(4) If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space Transfer total of all payments made in this period to the Statement of Exp.	nate via payroll deduction and exceed the aggregate of \$10 Transfer total of all loans received this period to the State	0, the labor organization of v	which No. 31-A-2).

1	Total prior amount \$	4,000.00	
2	Total received this period \$	0.00	(To Form No. 31-A-2)
3	Total Payments this Period \$	0.00	(also record on Form 31-B)
4	Total Outstanding Balance \$	4,000.00	(To Form No. 30-A)